

Filing Fee Calculation:

Basic Fe	e							\$690.00		1
Multiple Dependent Claims (\$260)								Ψ050.00		1
Foreign L	anguage Surcharge	e (\$130)						 		=
	For	Number Filed		Number Extra		Rate	T		47	
EXTRA Claims	TOTAL CLAIMS	15	-20	0		\$18	=		678 U.S.	
	INDEPENDENT CLAIMS	2	-3	0		\$78	=		. i	
						ΓAL FIL	ING	\$690.00		

Please charge Deposit Account No. 03-1935 in the amount of **\$690.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,

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